Irish Life health

Health insurance

# Membership Handbook **Everyday Care Plans**

**July**
2025

# Thank you for choosing Irish Life Health

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Words in **bold** in this Membership Handbook are defined terms. These are words or phrases commonly used in the private health insurance industry. **You** can find full explanations in the Definitions section at the end of this Membership Handbook. Where these terms appear in the text, it is important that **you** understand the meaning and read these in conjunction with the rest of terms and conditions throughout this document.

# 1 Your Contract

## Everything you need to know about your policy

**Your** contract with **us** is made up of the following:

- **Your** Membership Handbook
- **Your** completed Application Form, whether completed by **you** or on **your** behalf (if applicable)
- **Your policy** documentation, which sets out **your plan**, **your membership number**, **your** commencement date and **your** next **renewal date**
- **Your** Table of Cover, which outlines the **benefits** in **your plan**
- Terms of Business
- Data Privacy Notice

Health insurance **policies** are contracts between the insurer and the **policyholder,** because the **policyholder** (or in some cases their employer) is the person who has arranged and paid for the **policy**. However, the terms and conditions of this contract will apply to all **plans** and all **claims** made under the **policy.** Therefore where **we** refer to **'you'** and **'your'** throughout this Membership Handbook, **we** refer to both the **policyholder** and the **member**(s) listed on the **policy.** This also applies to **members** of **group schemes.** If **you** are a **member** of a **group scheme** where **your** employer has arranged **your** cover and is paying all or part of **your** premium, the Group Schemes section in this Membership Handbook will also apply to **you.**

**You** must ensure that the information that is provided to **us** when **you** are taking out a policy (whether in an application form or otherwise) is accurate and complete (even where the information is being provided to **us** by someone on **your** behalf). Otherwise it could mean **we** won't pay a **claim** under the **policy** and some or all of the **members' plans** under the **policy** may be cancelled. This may also cause difficulty should **you** wish to purchase health insurance elsewhere.

## Understanding your cover

Health insurance cover can be difficult to understand so to help **you** check **your** cover **we** have set out a checklist below. **We** understand that it may be difficult for **you** to figure out whether **you** are covered yourself so if **you're** in any way unsure, please call **us** on 01 562 5100 and **we'**ll walk **you** through it.

The checklists below explain what to look for to see if **you** are covered under **your** Day-to-day Benefits.

| Day-To-Day Benefits | |
|---|---|
| What to look for | Where to check |
| > Is the **benefit** covered under **your plan**?<br>> How much will **we** pay?<br>> Is there an **excess**? | **Your** Table of Cover |
| > What terms and conditions apply to the **benefit**?<br>> How can **you claim**? | **Your** Membership Handbook |

Below is a short explanation of the contractual documents and other factors that **you** need to take into account to see if **you** are covered.

## Membership Handbook

This document:

- will help guide **you** through **your** health insurance cover
- explains the general terms and conditions of **your** contract with **us**
- explains all **our benefits** including the terms and conditions which apply to each (but please note that all these **benefits** may not be available on **your plan**)
- sets out the things that are not covered under **your plan**
- explains how to make a **claim**

Section 12 of this Membership Handbook contains tables which show the **medical facilities** that are covered under **our plans**. They also show if **we** pay them directly (known as **direct settlement**) or if **you** need to pay them yourself and **claim** this back from **us**. **Your** Table of Cover shows which List of Medical Facilities applies to **you**.

## Table of Cover

**Your** Table of Cover sets out the **benefits** that are available under **your plan**.

## Ground rules

**We** will only cover the costs of **medical care** which **our medical advisers** believe is an **established treatment** which is **medically necessary**. In addition **we** only cover **reasonable and customary costs**.

## Waiting periods

**Your** medical expenses will not be covered until after **your** waiting periods have expired. Waiting periods are explained in section 6 of this Membership Handbook.

## Understanding changes to your cover

### 1. Changes to **your plan** on renewal

From time to time **we** alter the **benefits** available under **our plans**. If **we** alter the **plan** that **you** are on, the **benefit** changes will not affect **you** during **your policy year** but will apply if **you** purchase that **plan** at **your** next renewal. Therefore, it is important to remember that where **you** renew on the same **plan** the **benefits** may not be the same as they were in **your** previous **policy year**.

### 2. Changes to **your** cover throughout **your policy year**

In some cases the cover that is available under **your plan** may change throughout **your policy year** for the following reasons:

#### Changes to benefits provided by provider partners

Provider partner benefits may change or cease during the **policy year** and such changes are outside of **our** control.

#### Changes required by law

In the event that **we** are legally required to make changes to any of **our** contracts, **policies** or **plans**, such changes shall effect **your plan** immediately.

The changes described above are automatically applied to all **our plans** as soon as they occur.

### Acknowledgment

By entering this **policy you** are acknowledging that **you** have read this Membership Handbook and understand **your** cover. In particular, **you** are confirming that **you** understand the contractual documents that make up **your** contract with **us** and that **your** cover may change throughout **your policy year**.

## 2 Your Cover & How to Claim

The **benefits** available under **your plan** are shown in **your** Table of Cover. They may be divided into different sections due to how they are **claimed** or the type of expenses covered.

The following section(s) of this Membership Handbook explain the different types of **benefits** offered by **us**. Within each section is a table which lists **our benefits**, shows the terms and conditions that apply to each **benefit**, and tells **you** how to **claim** it.

Please note that all these **benefits** may not be available under **your plan**. **You** should check **your** Table of Cover to see which **benefits** apply to **you** and how much **you** can **claim** under each **benefit**. **You** will also be able to see on **your** Table of Cover if an **excess** or shortfall applies.

If a day-to-day **excess** applies to **your plan**, this will always affect all the **benefits** included in that section of **your** Table of Cover. It doesn't matter if one or more of **your** Day-to-day Benefits appear in a different section in this Membership Handbook.

**You** will always be covered to the level of cover set out in the **Minimum Benefit Regulations** for the applicable medical services listed in those regulations (subject to any waiting periods). Please see section 6 and the Definitions section of this Membership Handbook for an explanation of the **Minimum Benefit Regulations**. **We** will always deduct any withholding tax or other deductions required by law before paying **your claim**.

## 2.1 Day to Day Digital Benefits

The Day-to-day Digital **Benefits** shown below allow **you** to access certain services through **your** Day-to-day Digital **plan**. As there are no **benefits** listed on **your** Day-to-day Digital **plan** that require **you** to submit **claims**, any references in this handbook to **claims**, **excesses**, **Minimum Benefit Regulations** and **medically necessary** care are not relevant to your Day-to-day Digital **plan**. The frequency or number of **visits** that apply to each **benefit** on **your** Day-to-day Digital **plan** are set out in the Table of Cover.

### Day-to-day Digital Benefits

| Benefit | Description / Criteria |
|---|---|
| Message MyDoctor | **You** can message a doctor about a non-emergency medical query anytime via MyClinic in **your** online account. This service is advice only and is not designed to provide a diagnosis, treatment, or prescriptions. This service is available 24/7, 365 days a year and is provided by Abi Global*.<br>For **members** under the age of 18, the **policyholder** or another insured adult on the same **policy** must log into their online account and access the service on the minor member's behalf. Services are subject to availability. |
| **How to claim** | |
| To access the Message MyDoctor service, please log in to MyClinic in **your** member portal at www.irishlifehealth.ie/login. | |

| Benefit | Description / Criteria |
|---|---|
| Call MyDoctor | **You** can speak with a GP by phone or video call via MyClinic in **your** online account. This service is not suitable for emergencies or urgent conditions as this may delay **your treatment**. This service is not intended to replace your usual GP, it is designed for episodic, once-off conditions and not for on-going care. This service is available 24/7, 365 days a year and is provided by Abi Global*. For **members** under the age of 18, the **policyholder** or another insured adult on the same **policy** must log into their online account and request the service on the minor member's behalf. Where a member is under the age of 16, it is necessary for their legal guardian to be present during the consultation. Services are subject to availability. |

| How to claim |
|---|
| To access the Call MyDoctor service, please log in to MyClinic in your member portal at www.irishlifehealth.ie/login. |

| Benefit | Description / Criteria |
|---|---|
| MyDoctor Prescription Service | This service gives **you** access to prescriptions for a defined list of medications subject to a clinical suitability assessment via MyClinic in **your** online account. The prescription will be transmitted electronically to **your** preferred pharmacy. This service is not designed for ongoing/repeat prescriptions. This service is available 24/7, 365 days a year and is provided by Abi Global*. For **members** under the age of 18, the policyholder or another insured adult on the same **policy** must log into their online account and request the prescription on the minor **member's** behalf. Services are subject to availability. |
| **How to claim** | |
| To access the MyDoctor Prescription Service, please log in to MyClinic in your member portal at www.irishlifehealth.ie/login. | |

| Benefit | Description / Criteria |
|---|---|
| Healthy Minds | This **benefit** gives **you** access to a dedicated counselling and advisory service via telephone or webchat, and access to an online portal which provides self-assessment tools and content (for members aged 16 years and over). If deemed clinically appropriate by **your** telephone counsellor, this **benefit** also includes up to 6 follow-up counselling sessions per presenting problem (for members aged 18 years and over) via telephone, video, or in-person. A period of 12 months must pass since **your** last counselling session before **you** can access further counselling sessions for the same presenting condition. The telephone and webchat counselling service is available 24 hours a day, 365 days a year. This **benefit** only relates to counselling provided by TELUS Health* |
| **How to claim** | |
| Online portal and webchat counselling: To access this benefit log on to irishlifehealth.lifeworks.com<br>Telephone counselling: To claim this benefit please call the dedicated phone line on 01 963 89 54.<br>Face-to-face counselling: If your telephone counsellor considers it clinically appropriate, they will refer **you** to a counsellor for face-to-face counselling. | |

* The provider partners named under these **benefits** may change from time to time. Access to these **benefits** is subject to availability and the provider partners' terms and conditions of use. **Our** provider partners operate independently from **Irish Life Health** and **we** accept no liability for the provision of their services and are not liable for any point of sale or other discounts which may be offered by a provider partner. Provider partner **benefits** may change or cease during the **policy year** and such changes are outside of our control. While we aim for nationwide coverage with our benefits, a service may not be available in **your** locality. Please also note that **we** are not responsible for the content of the websites of these provider partners.

## 3 Exclusions from Your Cover

If there are no **benefits** listed on **your** Day-to-day Digital **plan** that require **you** to submit **claims**, many of the exclusions noted in this section will not be relevant to **you**.

**We** do not cover the following:

- Any costs that are not covered under a **benefit** listed on **your** Table of Cover;
- Any costs incurred whilst a waiting period applies;
- The cost of any **medical care** that **our medical advisers** believe is not **medically necessary**;
- Any costs that **our medical advisers** believe are not **reasonable and customary costs**;
- The cost of any **medical care** that **our medical advisers** believe is not an **established treatment**;
- Any costs arising from or related to **medical care** not covered by **Irish Life Health**, including subsequent **treatments**, **procedures** or **medical care** which are required as a result of such **medical care**;
- Any costs related to genetic testing except where such costs are listed on **your** Table of Cover;
- The costs of any form of vaccination, other than those **benefits** listed on **your** Table of Cover;
- Any costs associated with birth control, fertility **treatment**, assisted reproduction or their reversal except where such costs are listed on **your** Table of Cover.
- Any costs relating to participation in clinical studies or trials;
- Any costs arising from or related to **injury** or illness caused by virtue of war, chemical, biological or nuclear disasters, civil disobedience or any act of terrorism;
- The cost of any **medical care** or other goods or services provided by a **member** of the insured's **immediate family** unless this is **pre-authorised** by **Irish Life Health**;
- Expenses for which **you** are not liable;
- The cost of any **medical care** or other goods or services which were not received by **you**;
- Any costs not incurred during **your policy year**;
- Any costs associated with the **treatment** of symptoms which are not due to any underlying disease, illness or **injury**;
- Nursery fees;
- The cost of health screening;
- Any psychologists fees other than those covered under the Healthy Minds **benefit**;
- The cost of drugs or medication unless they are covered under a Day-to-day Benefit or other **benefit**;
- The cost of rehabilitation services;
- Any costs, legal or otherwise, incurred by a **member** as a result of making a **claim** or taking legal action against any person/company/public body;
- Medical expenses imposed for non-attendance or late cancellation of an appointment;
- The costs of medical certificates, medical records / reports, or the costs associated with obtaining details of medical history;
- Differences in foreign exchange rates, bank charges or other charges applied to foreign exchange.

## 4 Your Policy

### Joining Irish Life Health

**Your plan/policy** lasts for one year which means that **your policy/plan** will run until the **renewal date** shown on **your policy** documentation unless cancelled by the **policyholder** or by **us** for the reasons outlined in this Membership Handbook. As soon as **we** receive **your** first premium, **you** will be covered from **your** chosen commencement date subject to the terms and conditions of **your policy**. When **you**'ve joined, **you** will have access to the secure **membership** area of **our** website where **you** can make changes to **your** cover and to **your** personal details. **We** may contact **you** by post, email, phone, SMS and through **your Irish Life Health** secure **member** area. Please note that if **you** are a **group scheme member you** may not be able to make changes to **your plan** via the secure **membership** area of **our** website. Please see section 8 for further details on **group schemes**.

**You** may add **your** newborn to **your policy** from their date of birth and no additional **premium** will be charged for their cover up to the first **renewal date** after their birth. If **you** add **your newborn** in the **policy year** following their birth, a **premium** will be payable. The **newborn** must be added within 13 weeks of the date of birth or **waiting periods** will apply.

### Changing your policy

The **policyholder** can make changes to their **policy** or any of the **plans** listed on their **policy** at any time by logging onto the **membership** area on **our** website (www.irishlifehealth.ie/members/manage-my-plan) or by contacting **us** (or their broker) directly. Changes can affect the premium that is payable. If a change is made to the **policy, we** will issue new **policy** documents to the **policyholder** as soon as the change is completed. **We** cannot take instructions to make changes to the **policy** or any of the **plans** listed on the **policy** from a **member** or individual who is not the **policyholder**. However, the **policyholder** can nominate a person to act on their behalf to discuss the **policy**, administer the **policy** and / or discuss claims. If **you** wish to nominate someone, please log on to **your membership** portal where **you** can capture **policy** permissions. Alternatively, **you** can call or write to **us** and let **us** know if **you** want to nominate a person to act on **your** behalf for some or all of the above permissions.

Where a **plan** is altered prior to the end of the **policy year,** the Day-to-day Benefits will be applied on a **pro-rata** basis.

### Renewing your plan

To renew **your membership**:

- If **you** pay in monthly instalments by direct debit, simply continue to make **your** direct debit payments. **We** will automatically renew **your policy**.
- If **you** pay **your** annual premium in advance by credit card, please contact **us** to arrange payment and renew **your policy** (see section 10 of this Membership Handbook for **our** contact details).

Where **your** premium is collected by monthly direct debit via **your** broker, **your** monthly direct debit will automatically roll

over at **your** next **renewal date**. If **you** wish to amend this, change **your** bank details, or change **your** method of payment to an annual payment, please contact **your** broker directly.

## Cancelling your policy

**Your policy** or any of the **plans** listed on **your policy** may be cancelled before the end of **your policy year** for one of three reasons:

1) **You** no longer want health insurance with **Irish Life Health**
The **policyholder** can choose to cancel the **policy** or any of the **plans** listed on the **policy** at any time. To do this, they just need to call **our** customer services team or let **us** know in writing. **We** will refund any amount due on the cancellation of a **policy** to the **policyholder**. In the case of a **policyholder** who has passed away, **we** will issue a refund by cheque to the deceased's estate. If we're asked to remove a **member** from the **policy**, **we** reserve the right to tell them that they are no longer covered, however, please note that it is not **our** policy to do so. It is the **policyholder's** responsibility to inform the **members** on their **policy** of any changes that affect their cover.

2) Premiums are not kept up to date
**We** will cancel the **policy** or any of the **plans** listed on **your policy** if **you** do not pay **your** premium when it falls due. **We** will cancel the **policy** or any of the **plans** listed on the **policy** from the date that **your** premiums were paid up to (the Cancellation Date). **We** will not pay any **claims** for goods or services received after the Cancellation Date. **We** will send **you** a letter or email giving **you** 14 days' notice of **our** intention to cancel. **We** will send this to the last postal or email address **you** provided.

3) Incorrect information / fraud
**We** may cancel the **policy** or any of the **plans** on the **policy** if

- **we** are provided with incorrect information about any of the **members** named on the **policy**; or
- if any of the **members** named on **your policy** try to or make a fraudulent **claim**.

## Consequences of cancellation

Once a **plan** is cancelled, the **member** will no longer be covered. **We** will not pay any **claims** for goods or services received after the Cancellation Date. **We** will be entitled to recover any **claim** amount paid for **in-patient** care or goods or services received after the Cancellation Date. The Day-to-day Benefits will be allocated on a **pro-rata** basis. (**e.g.** where the **GP** visits **benefit** covers a contribution of up to €30 for up to 8 visits and the **plan** is cancelled after six months, the number of visits for which the **member** can **claim** will be reduced to 4). The yearly **excess** applicable to those **benefits** will not be reduced on a **pro-rata** basis.

If a fully paid **policy** or **plan** is cancelled before the end of the **policy year**, **we** will reimburse the **policyholder** for the cover the **member(s)** have not received – **i.e.** from the Cancellation Date until the next **renewal date**. Please note **we** will apply a mid-term cancellation charge (**you** can find more information about this charge in the paragraph below). **We** will not return the amount of premium for any cover received before the date of cancellation. If **we** cancel a fully paid **policy** or **plan** before the end of the **policy year** due to the submission of a fraudulent or dishonest **claim**, **we** will not refund any of the premium that has already been paid.

## Mid-term cancellation charge

**We** will apply a mid-term cancellation administration fee of €25 if:

- **you** choose to cancel **your policy** or any of the **plans** listed in **your policy** before the end of **your policy year**;
- **we** are forced to cancel **your policy** or any of the **plans** listed in **your policy** due to non-payment of premium, because **you** or any of the **members** on the **policy** try to **claim** when **you're**/they're not entitled to or because **you** have provided **us** with incorrect information.

**We** reserve the right to deduct the amount for the mid-term cancellation charge against any amount due to be refunded. In all other cases **we** will send **you** an invoice in respect of the mid-term cancellation charge. A mid-term cancellation fee also applies to **policies** paid by direct debit.

## Cooling Off

**You** can cancel **your policy** free of charge within 14 working days from the date the **policy** was entered into or from the date **you** are given the **policy** documentation, whichever is the later. This is known as the cooling off period. **We**'ll give **you** a full refund of premium unless **you** or any **member** has made a **claim** during this period. If a **claim** has been made and **you** wish to cancel **your policy** from the start date, the cost of any **out-patient claim** will be deducted from the refund due and **you** will be liable for any charge relating to **in-patient** care. Should **you** wish to cancel **your policy** with effect from a date later than the start date, **we** will charge **you** for providing health insurance cover up to the date of cancellation and **we** will apply a mid-term cancellation charge in this case.

## Paying your premiums

All premiums must be paid in euro. **You** can pay **your** premium monthly by direct debit or annually, in full, by debit or credit card only.

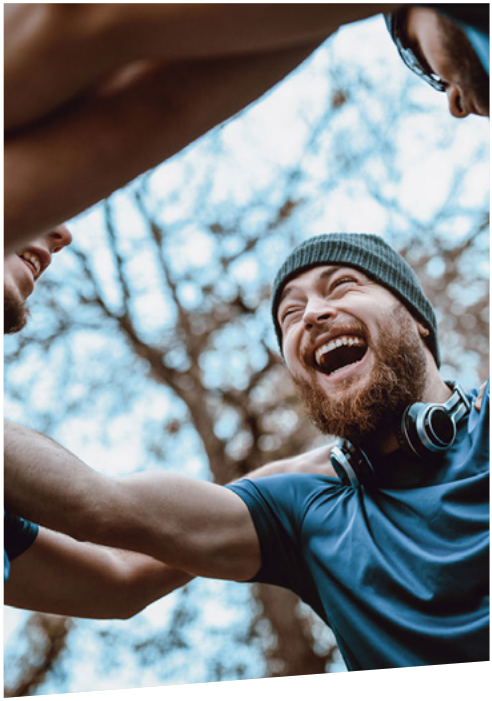
If **you** have chosen to pay by direct debit, **we** will collect **your** premium on a monthly basis and **it's up to you to make sure your monthly payments are available for collection**. The first payment in any **policy year** may be more or less than **your** monthly premium if **your policy** start date is different to **your** chosen direct debit collection date. This may also occur if **you** decide to change **your** direct debit collection date mid **policy year**.

Where **your** premium is collected by **your** broker, **your** monthly direct debit will automatically roll over at **your** next **renewal date**. If **you** wish to change **your** bank details or change to an annual payment, please contact **your** broker directly.

## 5 General Terms and Conditions

### General rules

- **Your policy** is governed at all times by the laws of **Ireland** and the exclusive jurisdiction of the courts of **Ireland**;
- All **policy** documents and communications to **members** will be in English. **We** can provide **policy** documents and/or communications in braille or large print if requested;
- **You** can only take out health insurance in **Ireland** if **you** are a resident of **Ireland**. If **you** are not a resident of **Ireland we** will not be able to provide **you** with health insurance cover and **we** will decline any **claims** made by **you** whilst **you** are not a resident of **Ireland**;
- Where the amount that can be **claimed** under a **benefit** is greater than the amount **you** have been charged for the goods or services that are covered under that **benefit, we** will only cover the amount that **you** have been charged subject to any **excess**, shortfall or co-payment which may apply;
- Where **we** cover the cost of goods or services that **you** have received as a result of an **accident** or **injury** for which another person/company/public body may be liable and **you** make a **claim** or take legal action against such other person/company/public body, **you** must include the cost of the goods or services covered by **us** in the damages **you** seek to recover from the person/company/public body. If **you** successfully recover some or all of the costs covered by **Irish Life Health**, by whatever means, **you** must reimburse **us** as soon as possible. **We** will not contribute towards the costs of pursuing such a **claim** or legal action;
- Where **you** (or any other person for whom **you** are seeking health insurance) hold any form of health insurance with another company **you** must let **us** know at the inception of **your policy.** Where the costs of the goods or services which are covered under **your plan** with **Irish Life Health** are also insured by another insurer, such costs will be allocated between **us** and **your** other insurer on a **pro-rata** basis when **you** make a **claim**;
- **You** will be covered under the **benefits** available in the **plan you** hold on the date **your medical care** (or other service) commences or on the date **you** receive goods, subject to any waiting periods that may apply. If **you** reduce the level of cover on **your plan**, this lower level of cover becomes effective immediately;
- **You** must provide details of **your membership** with **us** to **your health care providers** before undergoing **your treatment**;
- **We** will not return the original receipts **you** send **us** as part of **your claim**, where relevant, however, **we** may return other original documents **you** submit to **us** provided **you** let **us** know **you** require **us** to return them to **you** at the time **you** submit them to **us**;
- **We** will not pay **your claim** where **you** have failed to comply with any of the terms of **our** contractual documents;
- **We** have absolute discretion whether or not to exercise **our** legal rights. Failure to exercise **our** legal rights shall not prevent **us** from doing so in the future;
- **Irish Life Health** and **our** agents reserve the right to review any information which relates to the **medical care**, goods or services that **you** are claiming for (including **your** medical records) where **we** are of the opinion that access to such information is required to process **your claim** and/or detect or prevent fraud. **You** must provide **your medical facility** and **health care providers** with any consents which they require to allow them to release such information to **Irish Life Health** and **our** agents. **We** will not pay **your claim** where **we** are unable to gain access to any information which **we** believe is necessary to enable **us** to process the **claim** or detect fraud;
- If any provision of this Membership Handbook is found by any court or administrative body of competent jurisdiction to be invalid or unenforceable, the invalidity or unenforceability of such provision shall not affect the other provisions of this Membership Handbook and all provisions not affected by such invalidity or unenforceability shall remain in full force and effect.
- Any dispute between **you** and **us** (about **our** liability over a **claim** or the amount to be paid, where the amount of the **claim** is €5,000 or more) must be referred (within 12 months of the dispute arising) to an arbitrator appointed jointly by **you** and **us**. If **we** cannot agree on an arbitrator, the President of the Law Society of Ireland will decide on the arbitrator and the decision of that arbitrator will be final. **We** may not refer the dispute to arbitration without **your** consent where the amount of the **claim** is less than €5,000. If **you** do not refer such a dispute to arbitration within 12 months, **we** will treat the **claim** as abandoned.



## 6 Waiting periods

A waiting period is the amount of time that must pass before **you** will be covered under **your plan** or before **you** will be covered to the level of cover available under **your plan**. Time served on a day to day **benefits** only **plan** may not count towards waiting periods if **you** purchase a **plan** with more comprehensive cover, for example, a **plan** with **in-patient benefits**. Previous foreign health insurance coverage is not taken into account for waiting periods.

### Initial waiting periods

Initial waiting periods apply when **you** take out health insurance for the first time or when **you** take out health insurance after **your** health insurance has lapsed for more than 13 weeks. **You** will not be covered during **your** initial waiting period.

Initial waiting periods do not apply in the following circumstances:

- To **claims** made in respect of children who have been added to **your policy** within 13 weeks of the date of their birth
- To **claims** made in respect of adopted children who have been added to **your policy** within 13 weeks of the date of their adoption
- To **claims** in respect of **emergency care** for **accidents** and **injuries**.

The table below sets out the initial waiting periods applied by **Irish Life Health.** These waiting periods will apply from the date **you** took out health insurance with **Irish Life Health** or another insurer for the first time, or, from the date **you** took out health insurance with **Irish Life Health** or another insurer after **your** health insurance had lapsed for more than 13 weeks.

### Initial Waiting Periods

| Benefit | Under 55 years old | 55 years and older |
|---|---|---|
| All Day to Day Benefits | 6 weeks | 26 weeks |
| Call MyDoctor<br>Message MyDoctor<br>MyDoctor Prescription Service | 13 weeks | |
| Healthy Minds | None | |

## 7 Fraud Policy

**We** operate a fraud policy in respect of all **claims** made by **you** or on **your** behalf. **We** do regular audits of all **claims**. In all instances where fraud is suspected, **we** will carry out a full and comprehensive investigation. If a **claim** submitted by **you** or on **your** behalf is found to be fraudulent or dishonest in any way, the **claim** will be declined in its entirety, **benefits** under the **policy** will be forfeited and the **policy** and/or any **plans** listed on the **policy** may be cancelled and **we** may refuse any new policies for **you**. **We** reserve the right to refer the matter and details of the fraudulent **claim** to the appropriate authorities for prosecution.

## 8 Group Schemes

If **your plan** was started as part of a **group scheme** arrangement and the **group scheme sponsor** is acting on **your** behalf, **you** agree that the **group scheme sponsor** will have the following powers and responsibilities for the **policy**:

- The **group scheme sponsor** may instruct **us** to start and cancel the **policy**;
- The **group scheme sponsor** may instruct **us** to change **your plan** or level of cover;
- The **group scheme sponsor** may instruct **us** to add or reduce the number of **members** on the **policy**;
- The **group scheme sponsor** may amend or cancel any or all of the **plans** listed under the **policy**;
- The **group scheme sponsor** must ensure that all premiums are paid on time as unpaid premiums may impact whether **claims** are paid;
- The **group scheme sponsor** must ensure that all adequate consents from **members** are obtained prior to the **policy** entering into force, including consents from **members** for the processing of their personal data.

**Members** who are part of a **group scheme** arrangement may require the permission of the **group scheme sponsor** to amend their cover. In such circumstances, the **members** may be required to pay additional premium for such amended cover. If **you** join a **group scheme** after the scheme start or **renewal date**, **your benefit** entitlement may be adjusted on a **pro-rata basis**.

If **your policy** was arranged through a **group scheme sponsor, your** cover will continue as long as **you** fulfil the conditions for participation in the **group scheme** and the **group scheme sponsor** continues to pay **your** premium.

## 9 Premium Changes

**We** may change the premium payable for **our plans** from time to time. These changes will not affect **you** until **your** next **renewal date** unless **you** change **your plan** during **your policy year**. Please note, where relevant, that **we** deduct **your tax relief** from **your** premium so **you** don't have to **claim** it back from the Revenue Commissioners. The level of **tax relief** is set by the Government and may be changed at any time which is outside **our** control. **We** are legally obliged to apply tax changes immediately and this may result in a change to the amount that **you** are required to pay to **us** for the **plans** listed in **your policy**.

## 10 Your Contacts

When contacting **our** numbers below, please quote **your membership number** which is detailed on **your** digital **membership** card or **policy** documentation.

### Irish Life Health customer service team

Contact **us** should **you** have any queries or in order to obtain **pre-authorisation**.
Address: Customer Care Team, **Irish Life Health** dac,
PO Box 13028, Dublin 1
E-mail: heretohelp@irishlifehealth.ie
Telephone: 01 562 5100

### Corporate enquiries

E-mail: justaskus@irishlifehealth.ie
Telephone: 01 562 5399

### Appeals

Should **you** wish to appeal a **claim** decision, **you** can contact the Customer Care Team:

- By phone on 01 562 5100
- By email: heretohelp@irishlifehealth.ie
- By post at: Claims Support Team, PO Box 13028, Dublin 1

If **you** remain dissatisfied with the appeal decision, **you** may refer **your** appeal to the Financial Services and Pensions Ombudsman (FSPO) at the following address:

Financial Services and Pensions Ombudsman
Lincoln House,
Lincoln Place,
Dublin 2,
D02 VH29.

Telephone: (01) 567 7000
Email: info@fspo.ie
Website: www.fspo.ie

### Complaints

**We** aim to give excellent service to all **our members**; however, **we** recognise that things may occasionally go wrong. **We** will do **our** best to deal with **your** complaint as effectively and quickly as possible.

If **you** arranged **your** cover through a broker initially then **you** should direct **your** complaint to the broker through whom **you** arranged **your** cover.

Alternatively **you** can contact the Complaints Team:

- By phone on 01 562 5100
- By email: heretohelp@irishlifehealth.ie
- By post at: The Complaints Team, PO Box 13028, Dublin 1

If **you** remain dissatisfied with **Irish Life Health, you** may refer **your** complaint to the Financial Services and Pensions Ombudsman (FSPO) at the following address:

Financial Services and Pensions Ombudsman
Lincoln House,
Lincoln Place,
Dublin 2,
D02 VH29.

Telephone: (01) 567 7000
Email: info@fspo.ie
Website: www.fspo.ie

# 11 Definitions

### Accident

An incident that happens unexpectedly and unintentionally, resulting in **injury.**

### Acute

Short and sharp onset and which requires immediate medical attention.

### Benefit

**Benefits** are the individual pieces of cover that make up **your plan**. Each **benefit** covers a different type of medical expense or associated cost.

### Claim(s)

Where a **member** (or a **medical facility** or a **health care provider** on their behalf) requests payment from **Irish Life Health** of the costs that are covered by a **benefit** available under their **plan**.

### Direct settlement

Where **we** settle **your** bill with **your medical facility** or **health care providers** directly so **you** don't have to pay them and **claim** it back from **us**.

### EEA

The **EEA** includes EU countries and also Iceland, Liechtenstein and Norway.

### E.G.

An abbreviation meaning "for example".

### Emergency care

**Medical care** required to treat a sudden, unexpected, **acute** medical or surgical condition that without **medical care** within 48 hours of onset would result in death or cause serious impairment of critical bodily functions.

### Established treatment

A **treatment** or **procedure** that is, in the opinion of **our medical advisers**, an established clinical practice for the purpose for which it has been prescribed, is supported by publication in Irish or international peer reviewed journals, and is proven and not experimental.

### Excess

The part of a **claim** which must be paid by the **member** and which applies after all co-payments and shortfalls are paid.

### General practitioner / GP

A medical practitioner who holds all necessary qualifications to act as a general practitioner in **Ireland** and holds a current full registration with the Irish Medical Council.

### Group scheme

A collection of **members** who are insured by **Irish Life Health** as a group under the instructions of a **group scheme sponsor**.

### Group scheme sponsor

A **group scheme sponsor** is a natural or legal person whether an employer, association, professional body or otherwise who arranges or facilitates for a group of persons to receive health insurance cover from **Irish Life Health** as a **group scheme**.

### Health care provider

A **consultant, GP, dentist, oral surgeon** or **periodontist**.

### I.E.

An abbreviation meaning "that is to say/ specifically"

### Immediate family

**Your** parent, child, sibling, spouse and partner.

### Injury

A wound or trauma inflicted on the body by an external force.

### Irish Life Health

**Irish Life Health** dac**.**

### Ireland

The Republic of Ireland excluding Northern Ireland.

### Medical adviser

A fully qualified **GP, consultant** or nurse who holds all the necessary registrations to practice in **Ireland** and who provides medical advice to **Irish Life Health**.

### Medical care

Care relating to the science or practice of medicine.

### Medical facility

A hospital, scan centre, or treatment centre.

### Medically necessary

**Medical care** which is prescribed by a **consultant, GP, dentist, oral surgeon** or **periodontist**, and which, in the opinion of **our medical advisers**, is generally accepted as appropriate with regard to good standards or medical practice and:

i) is consistent with the **member's** symptoms or diagnosis or **treatment**;

ii) is necessary for such a diagnosis or **treatment**;

iii) is not provided primarily for the convenience of the **member**, the **medical facility** or **health care provider** or at the request of the **member**;

iv) is furnished at the most appropriate level, which can be safely and effectively provided to the **member**;

v) is for **procedures** and investigations that are **medically proven** and appropriate;

vi) does not include extended convalescence or palliative care.

### Medically proven

Clinical and medical practice that the results reported for a procedure were actual, significant, based on appropriate research and able to pass the legislative requirements (if any) and relevant medical regulations imposed by the relevant Europeans Medical Agency or medical body, and is not subject to limitation by the Regulatory or Advisory bodies.

## Member

A person named on a **policyholder's policy**. Each **member** will be covered to the level of **benefits** available under the **plan** assigned to him/her by the **policyholder.**

## Membership number

The number assigned by **us** to a **member.** Each person named on the **policy** has a separate **membership number,** as set out in the **policy** documentation.

## Minimum Benefit Regulations

The Health Insurance Act 1994 S.I. 83/1996 (Minimum Benefit) Regulations, 1996 made pursuant to the Health Insurance Act 1994 as amended. The **Minimum Benefit Regulations** set out the minimum payments that all health insurers must make in respect of health services that are listed in those regulations. These health services are known as prescribed health services. **You** are guaranteed to receive cover to the level set out in the **Minimum Benefit Regulations** as they apply to **your** cover in respect of prescribed health services.

## Newborn

A child under 13 weeks of age who is born to or adopted by a **member**.

## Out-patient

A patient who receives a **procedure**, **treatment** or medical service without being an **in-patient** or **day case**.

## Plan

A package of health insurance **benefits**. **Policyholders** choose the **plans** which apply to each **member** named on their **policy** when they take out their **policy**.

## Policy

The health insurance contract between the **policyholder** and **Irish Life Health** under which the **policyholder** and **members** (if applicable) are insured by **Irish Life Health**.

## Policyholder

The person who holds a contract of insurance with **Irish Life Health** for the **benefit** of themselves and the **members** named on their **policy**. The **policyholder** is responsible for paying the premiums for all the **plans** listed in that **policy**.

## Policy year

The period for which a **policyholder** and **members** are insured under a **policy**. All **policies** run for a period of one year.

## Pre-authorisation / pre-authorised / pre-authorise

**Irish Life Health** must agree in advance before certain **treatments** and **procedures** will be covered. This consent is known as **pre-authorisation**.

## Pro-rata

In proportion, proportional or proportionally as appropriate. Where benefits are available on a pro-rata basis, the **benefit** entitlement may be adjusted based on the number of days the **member** is actually insured for.

## Qualified Practitioner

A fully qualified GP, consultant or nurse who holds all the necessary registrations to practice in Ireland

## Reasonable and customary costs

Medical expenses that are of a similar level to those **claimed** by the majority of **our members** for similar **medical care** carried out in **Ireland**.

## Relative

**Your** parent/parent in-law/step parent/step parent in-law, sibling/sibling in law, spouse/ partner (including common law and civil partnerships or fiancé(e), child/child in law/step child/ foster child, grandparent, grandchild, uncle, aunt, nephew, niece, cousin.

## Rehabilitation

Long term, sub-acute **treatment** that aims to restore a person's maximum physical or mental capabilities after a disabling illness or **injury** that cannot normally be restored by **medical care**.

## Renewal date

The day after the final day of a **policy year**. The **policyholder's** next **renewal date** is shown on the **policyholder's policy** documentation.

## Tax relief

**Tax relief** on health insurance payments. Everybody is entitled to **tax relief** on some or all of the premium they pay for health insurance. **Tax relief** on health insurance premiums is applied at source. This means that **we claim your tax relief** from the Revenue Commissioners on **your** behalf and automatically reduce the premium **you** pay **us** for the **plans** listed on **your** policy by this amount.

## Treatment

Any health service a person needs for the medical investigation, cure, or alleviation of the symptoms of illness or **injury**.

## Visit

A consultation with an approved medical provider, allied health professional, specified provider partner or other practitioner listed in this handbook. Extended appointments or back-to-back (consecutive) appointments performed on the same day are considered as a single visit.

## We, us

**Irish Life Health** dac.

## Working day

Monday to Friday excluding bank holidays.

## You, your

The **policyholder** and any **member(s)** named under a **policy**.

## Legal disclaimer and copyright

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All information included in this Membership Handbook is correct at time of going to print, 1st July 2025. For full details and terms and conditions **you** can access Membership Handbooks on www.irishlifehealth.ie or call us on 01 562 5100.

## Solvency and financial condition report

**Irish Life Health's** Solvency and Financial Conditions Report is available at www.irishlifehealth.ie/privacy-and-legal/solvency-and-financial-condition.

Irish Life health





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